

MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/541445

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/	/				51					
2		/	/	/				52					
3		/	/	/				53					
4	/		/	/				54					
5		/	/	/				55					
6		/	/	/				56					
7		S	/	/				57					
8								58					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2		2		2			TOTAL IND.		2		2	
TOTAL DEP.	7		5		5			TOTAL DEP.		2		2	
TOTAL CLAIMS	9		7		7			TOTAL CLAIMS		2		2	

BEST AVAILABLE COPY